24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E) FOR SE OF FORM 24/48								
NAME OF COMMITTEE (In Full)								
N	ational Nurses United for Patient Protecti	C C00490375						
					0 00010010			
Check if 24-hour report 48-hour report New report Amends report filed on								
1	Full Name of Payee North Wood Advertising	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y]					
ŀ	Mailing Address 1201 Fifteen Building		1					
	15 South Fifth	Amount						
f	City State	3854.00						
	Minneapolis MN	MN 55402			Transaction ID : D711485 Date of Disbursement or Obligation			
	Purpose of Expenditure Radio	_	Category/ Type		03 / 05 / 2016			
1	Name of Federal Candidate		X Support	t Offic	ce Sought: House District: 00	-		
	Bernie Sanders		Oppose	· X	President Senate State: WY	_]		
	Calendar Year-To-Date Per Election for Office Sought		3854.00	Disb 2016	oursement For: X Primary General Other (specify) ▶	_		
ı	Full Name of Payee				Date of Public Distribution/Dissemination			
	North Wood Advertising				03 22 2016	ار		
	Mailing Address 1201 Fifteen Building							
	15 South Fifth				Amount	_		
	City State		Zip Code		14544.37			
	Minneapolis MN		55402		Transaction ID : D711486 Date of Disbursement or Obligation			
	Purpose of Expenditure Video Production		Category/ Type		04 08 7 2016]		
ľ	Name of Federal Candidate		X Support	t Offic	ce Sought: House District: 00			
	Bernie Sanders		Oppose		President Senate State: DC	_		
	Calendar Year-To-Date Per Election for Office Sought		14961.62	Disb 2016	oursement For: X Primary General 6 Other (specify) ▶	_]		
((a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures								
((c) TOTAL Independent Expenditures				7 7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
		[Electron	nically Filed]	Date 0	04 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Signature							

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	icutic Ly				FOR SE OF	FORM 24/48			
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼						ON NUMBER ▼			
ıva	dional Nuises Utilied for Patient Protection		C	C00490375					
Chec	ck if X 24-hour report 48-hour report X New report	ort Amends repo		M /	D D /	Y = Y = Y = Y			
TF	Full Name of Payee		Date	of Public	Distribution	/Dissemination			
L	California Nurses Association			04	07	2016			
N	Mailing Address 155 Grand Avenue		Amou	nt					
	Dity State	$ $ Γ	100.00						
-	Oakland CA	State Zip Code CA 94612				Transaction ID : D711487 Date of Disbursement or Obligation			
	Purpose of Expenditure Online Ad	Category/ Type		04	08	2016			
I	Name of Federal Candidate	Support	Office Sough	ıt:	House	District:00			
	Bernie Sanders	Oppose	X Preside		Senate	State: DC			
	Calendar Year-To-Date Per Election for Office Sought	14961.62	Disbursemen 2016		Primary	General			
L			0	ther (spe					
	Full Name of Payee California Nurses Association			и – М /	D D /	/Dissemination			
 - 	Mailing Address 155 Grand Avenue		Amou	04 int	06	2016			
	City State	Zip Code	$ \Gamma$			47.25			
	Oakland CA	94612			: D711488 rsement or (Obligation			
	Purpose of Expenditure Payroll	Category/ Type		04 /	09	2016			
1	Name of Federal Candidate	Support	Office Sough	nt:	House	District:00			
	Bernie Sanders	Oppose	X Preside		Senate	State: DC			
	Calendar Year-To-Date Per Election for Office Sought	14961.62	Disbursemer 2016	nt For: [Other (spe	Primary ecify) ▶	y General			
(a	(a) SUBTOTAL of Itemized Independent Expenditures								
(b) SUBTOTAL of Unitemized Independent Expenditures									
(c) TOTAL Independent Expenditures		· [
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.									
	Martha Kuhl [Electroni	ically Filed] Date	04	09	/ 7 7 201	16			
	Signature	Date	· 🚻	30	20				
				1		X			

PAGE 2

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection							
National Nurses United for Patient Protection	C C00490375						
Check if 24-hour report 48-hour report New rep	ort Amends report filed on M M / D D / Y Y Y Y Y						
Full Name of Payee	Date of Public Distribution/Dissemination						
California Nurses Association	04 / 07 / 2016						
Mailing Address 155 Grand Avenue	Amount						
City State	Zip Code 270.00						
Oakland CA	94612 Transaction ID : D711489 Date of Disbursement or Obligation						
Purpose of Expenditure Payroll	Category/ Type 04 09 / 2016						
Name of Federal Candidate	Support Office Sought: House District: 00						
Bernie Sanders	Oppose President Senate State: DC						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify)						
	Other (specify)						
Full Name of Payee	Date of Public Distribution/Dissemination						
Mailing Address	Amount						
City State	Zip Code						
Purpose of Expenditure	Category/ Date of Disbursement or Obligation						
	Type						
Name of Federal Candidate	Support Office Sought: House District:						
	Oppose President Senate State:						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General						
	Other (specify)						
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Martha Kuhl [Electron	nically Filed] Date 04 09 2016						
Signature							

PAGE 3

OF